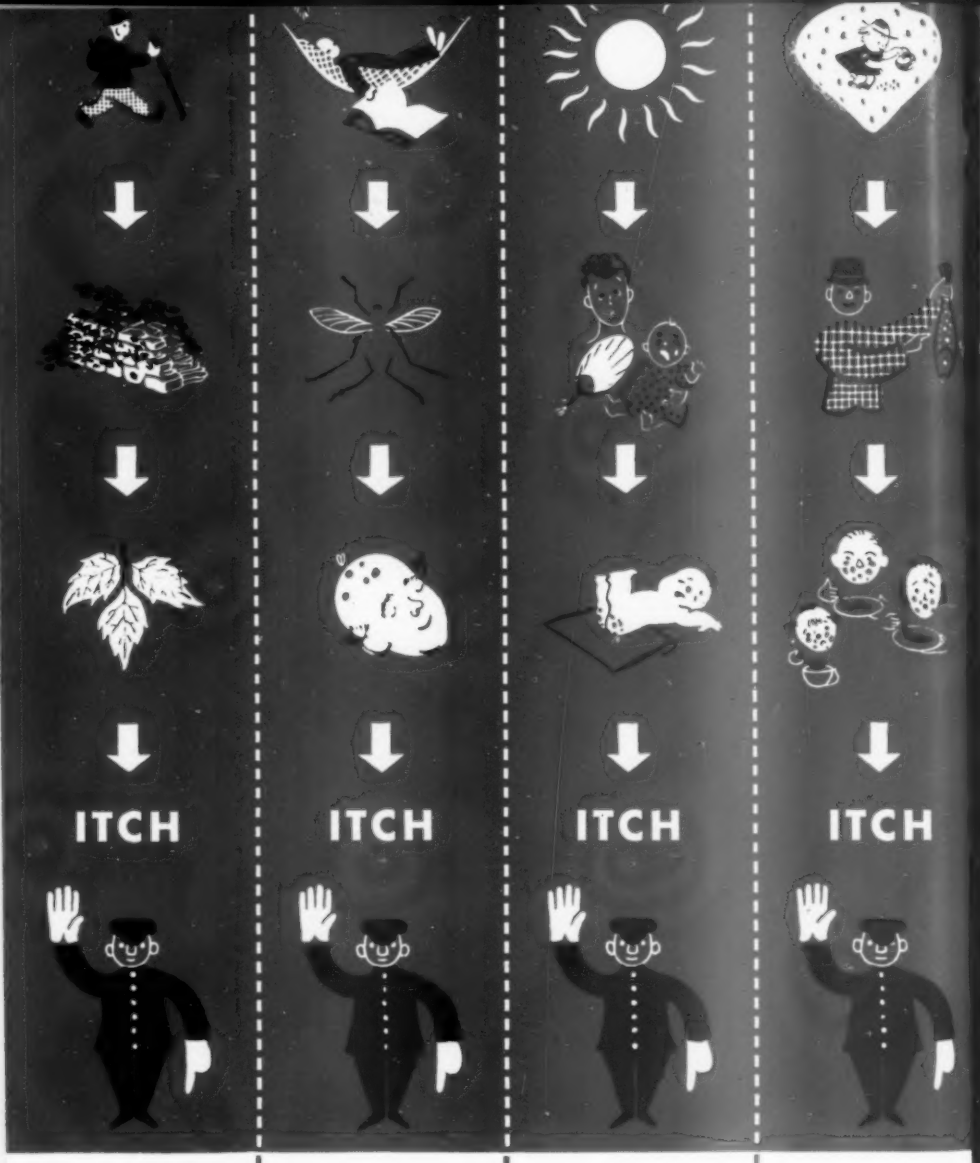
July 1947



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JULY 1947, VOL. 10, NO. 10

On the Cover: Rita Wesler, R.N., photo by Pickow from Three Lions

Circulation 150,000 registered nurses monthly. EDITOR: Alice R. Clarke, R.N.; ASSISTANTS: Sally S. Linen, R.N.; Dollie C. Carpenter; ART: Marjorie Pedretti.

The sergeant's a general—again

When Joe came home from Uncle Sam's army, he took command of another army which lines up twice a day in the barn. *Both* Joe and his army had fine war records. His is tucked away in a bureau drawer. His cows' records are in the U. S. crop reports.

But those figures reflect a war production job to equal any other. The demand for milk hit a new high during the war, when the energy and health in milk were needed more than ever. The response from America's dairy farmers was magnificent. Wartime milk production was the highest in history — peacetime production continues higher than in any pre-war year.

We're glad to be Joe's partner in his important job. He produces the milk. Here at National Dairy, we process it, package it, protect its quality all the way to you. We turn it into rich cheese, butter, ice cream and other foods. Our laboratories constantly improve familiar foods, develop new ones.

There's still much to be discovered in milk. Many minds and hands are working on it at National Dairy. And its contribution to the health of this and future generations will be greater for what we do.

Dedicated to the wider use and better understanding of dairy products as human food . . . as a base for the development of new products and materials . . . as a source of health and enduring progress on the farms and in the towns and cities of America.

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Such fun!. It's hard to tell who's happier—laughing baby or proud mother. And because baby is her special joy, mother naturally selects White House Milk for the formula. White House is ideal for infant feeding because it's creamy-rich, easy to digest, and generously fortified with pure vitamin D_3. There's none better!

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Yes, experience is the best teacher in smoking too!

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MORE DOCTORS SMOKE CAMELS

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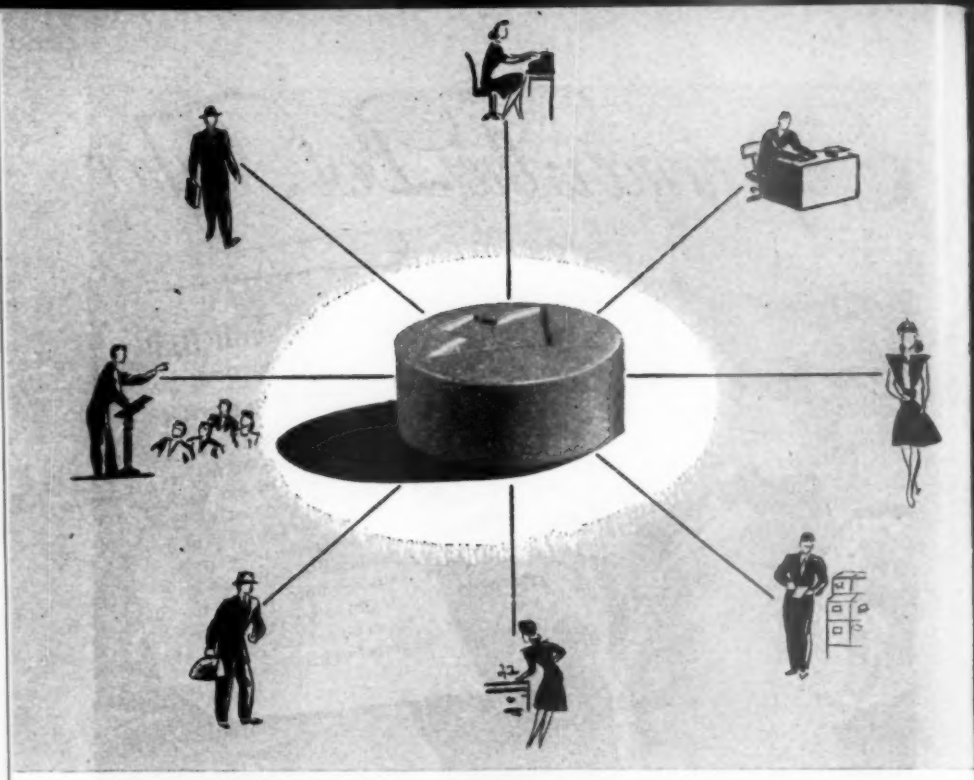

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Yes . . . like all Anacin tablets, it's been through the proverbial mill.
Tested. Tested again and again. Scrutinized and examined. Then tested some more . . .
In short, the most exhaustive investigations known to modern science have verified this Anacin tablet's uncompromising quality, uniformity and dependability.
Hence, when it is employed to allay the discomforts of dysmenorrhea, simple headache or minor neuralgia, it can be relied upon to act in the best tradition of the Anacin family—which is quick, effective relief.

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Desire to Serve

Dear Editor:

I wish to answer the question asked by the R.N. in Ft. Lauderdale, Fla. [**R.N.**, March]: "Why discourage when you can't encourage?"

This should have been answered by the observation of the recent student nurses. The Government encouraged many misfits to join the Cadet Corps. Some of the girls made fine nurses, but too many were indifferent and careless. Let love find its way in choosing a profession. If the desire is strong enough, no influence is necessary . . .

R.N., BIRMINGHAM, ALA.

Answers Requested

Dear Editor:

Nine months have passed since the Biennial Convention in Atlantic City. At that time the nurses of the United States took action on vital questions of the day affecting the profession. One of the most forward-looking was the appointment of a joint committee of the six national nursing organizations to study the Rich report of the Structure of Organized Nursing and to make recommendations. This joint committee is composed of 12 members of the ANA, and six each of the other five national nursing organizations.

We, the nurses of America, want whatever facts are available at this time so that we may be accurately informed before the House of Delegates meets in September to take action on the next step.

We would like to know who made the ANA analysis of the Report of the Structure of Organized Nursing by the Raymond Rich Associates? Why wasn't this done by the joint committee appointed to study the report and to make recommendations? I attended the Convention and came away with the impression that the joint committee was to study this and was unaware that any committee was appointed by the ANA to make an analysis. Who *did* do the analysis, and why was it considered necessary? May we have a report, please, of the amount we as members of the ANA have contributed to the very important work of the joint committee?

If we, the nurses of America, are to vote intelligently, we must be informed of the facts. Information should be in the hands of every delegate representing us at the Septem-

ber meeting of the House of Delegates. If the ANA is truly democratic, then such information should be allowed to come through the joint committee, for only then can we be assured that it will be unbiased and representative of all six national nursing organizations.

R.N., ONEONTA, N.Y.

[*The House of Delegates did give authority to the ANA to appoint a committee to make this analysis.* **R.N.** *was informed by the ANA that the analysis was jointly written by the 12 appointed members of the ANA Structure Committee. However, one member of the committee states that the report was written by a sub-committee of three and was* not *accepted by all of the 12 members.*—THE EDITORS.]

Equal Recognition

Dear Editor:

Every medical and nursing journal I've seen lately has carried notice of the fact that the Army and Navy need nurses. Why don't they take male nurses? Are all the sick service men psychotic? Must be a lot of them if the Surgeons General stress the fact so strongly.

It would seem to me that the nursing legislation which you mention in your March issue should have made the sex equal in the service. I know a number of male nurses who have taken up farming, carpentry, truck driving, and other jobs. We need them in our profession but it is not attractive enough to hold them.

I am a nurse anesthetist but in the

"In My Spencer I Lost That Fagged Feeling!"

In the Spencer Body and Breast Supports designed especially for her of airy, open-weave fabric that launders like lingerie.

In the foundation and brassiere she was wearing before she got her Spencer.

The instant you put on *your* Spencer, designed especially for you, you will feel relief. Tired muscles will be given a friendly lift and nature aided in restoring tone. You'll be protected against back-fatigue and that fagged-out feeling.

Your Spencer will give you gracefully erect, restful posture. And it will help keep your uniforms and dresses from wrinkling.

Send coupon below or look in telephone book for "Spencer corsetiere" or "Spencer Support Shop".

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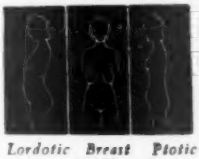

Lordotic Posture *Breast Problems* *Ptotic Posture*

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New Haven 7, Conn.

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FOR ABDOMEN, BACK AND BREASTS

service I would just be a flunkey. No thanks! I'd rather drive a truck, too.

Either the profession put men on a level with women or one of these days there will be only flunkies left. I certainly would not advise any virile young man to take training.

BERNARD V. BOWEN, R.N.
SELDOVIA, ALASKA

Reproach

Dear Editor:

Your June issue carries a very interesting article on Collective Bargaining by Dr. Ralph Thayer. I am pleased with the interest which begins to be shown by such competent authorities as Dr. Thayer in our profession's relatively new economic security program. Such experts can be of invaluable help to us.

I should like to comment on two points in Dr. Thayer's presentation. First, apparently he was not aware that provision for sound and effective grievance procedures is strongly recommended by the ANA to our State Nurses' Associations. The ANA recommendations endorse all that he says about the value of the grievance provision. It may be that Dr. Thayer's impression was gained from observation of a state program that had not made use of this recommendation.

Second, I believe that he dismisses the importance of public relations in the professional economic security program rather lightly. The ANA program does not begin and end with public relations. However, public opinion is strongly empha-

sized. That professional nurses already "enjoy good public relations" is open to question. It is necessary for public opinion to be fully and accurately informed of our profession's problems and needs, not just pleasantly inclined toward us as individuals . . .

THELMA LAIRD, R.N.
Assistant Executive Secretary,
Field Consultant, Economic
Security Program, ANA

Summer Pastime

Dear Editor:

I was lucky enough to obtain the position of first aid nurse in an amusement park 27 years ago, and I've never had a dull summer since. I work 12 hours a day, am very well paid, but do not work hard. Considering the fact that there are over a million people coming to the park every summer, the accidents are very few. Serious cases are sent to the doctor's office about a mile away.

Nursing is not my only duty. When I first took the job I had to care for lost children. I had as many as 30 at one time, all crying for their mothers. One woman thought I was abusing the children and threatened to have me arrested. I suggested arresting the parents for losing their children and she walked away.

Another one of my varied duties is taking care of the employees, 75 per cent of whom are young girls who seem to have a lot of troubles. I am also a seamstress to children who manage to tear their clothes in many odd and devious ways.

My most exciting day was during

Choice of discriminating women . . . **'BO-CAR-AL'** Hygienic Powder . . . a pleasantly-scented, soothing, astringent, deodorant powder with mild antiseptic properties for feminine hygiene.

SHARP & DOHME
Box 7259, Philadelphia 1, Pa.

Gentlemen: Without charge, please send me a generous supply of 'Bo-Car-Al' Hygienic Powder.

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Street_____

City and Zone_____ State_____

a hot spell in July. A very sick 10-year old girl came to me and confessed that she had eaten ice cream, pop corn, hot dogs, and root beer. I took care of her and then called her mother who was unable to come for her but suggested I send the child home in a cab. The child should have arrived home in a half hour but an hour and a half later the mother called back and said she had not yet arrived. I called the police and the taxi company and then tried to trace the cab, but without success.

Three long hours later the child arrived home. The cab had broken down, the child had fallen asleep, so the cab driver had his dinner before having the cab fixed . . .

ALVA CLEARY, R.N.
CHICAGO, ILL.

Discouraged

Dear Editor:

I have a 17 year old daughter who will graduate from high school in June. She wants to go into nursing training but I am against it as I can't see a future in nursing anymore.

In a small suburban hospital in Philadelphia, undergraduates are allowed to wear caps and do private duty. I don't believe the directress of that hospital can be an R.N. or she would not call undergrads for private duty for which they earn the same amount of money as an R.N.

This same thing is happening all over the country, so you can see why I'm discouraging my daughter in her choice of professions.

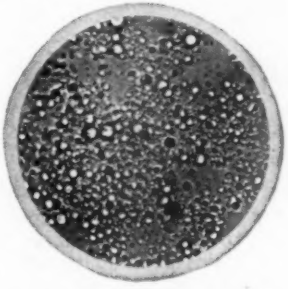
R.N., PHILADELPHIA, PA.

NEW LOTION CARE FOR SUMMER INFANTS BRINGS SHARP DROP IN MILIARIA

IN hospital nurseries, the hot-weather incidence of miliaria has sometimes been as high as 50%.

This miliaria, often leading to more serious secondary infections, has been considered almost inevitable. But when new Johnson's Baby Lotion is used for routine skin care, cases of miliaria take a sharp drop.

In recent hospital tests, hundreds of newborns received the protection of smooth, white, antiseptic Lotion during months of June, July, August. Not only was there no customary seasonal rise in miliaria, but incidence remained far below the former year-round average.



Discontinuous film of Johnson's Baby Lotion, showing micron-size oil globules. (1000x)

Johnson's Baby Lotion is a homogenized emulsion of pure selected mineral oil and water, with lanolin and an antiseptic added.

Following application to the skin, the water phase of the Lotion evaporates, leaving a discontinuous film of micron-size oil globules.

This permits normal heat radiation and allows perspiration to escape readily, thus lessening the danger of irritation.

JOHNSON'S BABY LOTION

(ANTISEPTIC)

Johnson & Johnson

FREE! Mail coupon for sample bottle!

Johnson & Johnson, Baby Products Div. Dept. 37, New Brunswick, N.J.

Please send me, free of charge, one sample bottle of Johnson's Baby Lotion.

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Street_____

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Limited to nursing profession in U.S.A.

Science Shorts

A new operation to correct serious injury to the esophagus was reported by a University of Illinois doctor. Damaged sections are removed and about 90 per cent of the stomach is lifted into the chest cavity, behind the left lung. Dr. C. B. Puestow claims that the presence of the stomach does not greatly interfere with the function of other organs in the chest cavity.

•

According to the J.A.M.A., DDT has proved safe and effective in the treatment of head lice on children.

•

The Atomic Bomb Casualty Commission reports that some congenital abnormalities and malformations are noticeable among new-borns of Japanese atomic bomb victims.

•

Dr. Hugh J. Morgan of Nashville asserts that streptomycin is effective in tularemic pneumonia, "rabbit fever," provided it is used promptly.

•

In the past year, new developments in cancer control have been reported from the Memorial Hospital of New York City by Dr. Frank E. Adair. In the treatment of carcinoma of the female breast with testosterone propionate (male sex hormone), one-third of the cases treated showed considerable improvement through alleviation of pain and regression of the primary tumor and its metastases.

•

The first and most common symptom of bladder tumors is hematuria.

•

At the convention of the American College of Physicians, three drugs were described as superior to atabrine and quinine in the treatment of malaria: Chloroquine and paludrine are excellent therapeutics but noncurative; and pentaquine is curative in most cases when given with quinine.

•

The Army has developed a new type of artificial eye. Made of water-clear plastic and individually fitted and colored, it is rapidly replacing the old type made of glass.

•

Drs. Leo Hardt and L. P. Brodt, of the Loyola School of Medicine, have found a new medication which they claim in cases tested has relieved promptly the symptoms of peptic ulcer. Tablets, taken at one to two hour intervals, are made up of an aluminum compound with magnesium trisilicate and mucus from the stomach of an animal.

1. FAST

Dermesthetic Ointment contains benzyl alcohol, which works fast but doesn't last. So the second agent takes over . . .

2. OVERLAPPING

Phenol offers intermediate relief —with moderately prolonged effect. And it in turn is overlapped by the third agent . . .

3. PROLONGED

Benzocaine, which has already begun to soothe the affected areas, continues to relieve itching over a prolonged period.

NEW TRIPLE-ACTION ITCH RELIEF!

CUTTER DERMESTHETIC OINTMENT* gives 3-phase control of pruritus! Acts fast—medium—slow! It relieves itching at once! It prolongs the soothing effect! It minimizes psychic trauma.

And here's the reason why . . . Cutter Dermesthetic Ointment provides three anesthetic properties with overlapping action.

Fast-acting and long-lasting Dermesthetic Ointment stops itching caused by poison ivy and oak, insect bites, industrial rashes and other pruritic conditions. Greaseless, it does not dissolve and spread oil-soluble irritants. It can be removed easily and will not stain skin or clothes.

While it is not intended as a bactericidal agent, Dermesthetic Ointment with its benzyl alcohol and phenol content is bacteriostatic. This bacteriostatic action, in combination with the quick and lasting relief from pruritus, helps to avoid possible infection from scratching.

Try it, won't you? Clinical samples will be sent on request.

**Cutter's trade name for Anesthetic Ointment*

CUTTER

Fine Biologicals and Pharmaceutical Specialties

Cutter Laboratories • Berkeley 1, Calif.

You can't keep your hands in a glass case

. . . but you CAN use TRUSHAY!

TRUSHAY protected hands are soft and supple. They will appeal to fastidious patients.

More and more professional men and women are recognizing the advantages of this sensible corrective for the drying effects of frequent scrubbings. TRUSHAY does not interfere with the hygienic cleanliness produced by soap and water because it is used BEFOREHAND.

TRUSHAY contains no glycerin, is not sticky or gummy. It guards against excessive depletion of the skin's natural lubricant . . . aids in keeping the epidermis pliant and unbroken.

Your patients will appreciate TRUSHAY for their personal use, too. Recommend it with confidence and the assurance of their appreciation.

TRUSHAY

THE "BEFOREHAND" LOTION

A *product of* BRISTOL-MYERS COMPANY, 19 West 50th Street, New York 20, N. Y.

R.N. Speaks:

SHALL WE BEGIN AGAIN?

"A man who has committed a mistake and doesn't correct it, is committing another mistake." [*Confucius.*]

THE TURMOIL, INTO which the Raymond Rich Associates' Structure Study has hurtled the profession, can only be dispassionately explained by an admission that somewhere along the line of action a mistake was made. The situation that has arisen since the last Biennial Convention points to the possibility of an intentional maneuver on the part of a few, or a completely unintentional mistake on the part of the many.

So far, a year has been lost. In that time, nurses seeking information and guidance have been led into divided camps. Now they are desperately trying to plough through two opposing sets of biased, written material, plus innumerable words and slanted interpretations. Only in the *minds* of those who speak and write is there knowledge of whether an ulterior motive exists.

The predominating questions asked by nurses are: "Why has this happened? Why has almost a year elapsed in which little has been accomplished in bringing nurses closer to unity?" Rather than the unification they seek, a wedge has been driven between the nursing groups, resulting in divided loyalties and utter confusion on a most vital issue.

The original purpose of the Structure Study was to supply a means by which the nursing profession could become unified. It now seems that this objective has become subsidiary to the personal aims and ambitions of a few who are active in *each* camp.

After much sifting of opinions and personalities, it appears that the confusion stems solely from the ANA's interpretation of the wording used in composing the important "procedures" to be followed by the Joint Structure Committee, and which were voted upon by the House of Delegates at the convention. If all people could understand each other—if the same interpretation could be given the same written and spoken word—we could wipe out misunderstandings and misconceptions at one stroke. But unfortunately this is not the case.

It is apparent that this human failing is the primary reason for a year being thrown into limbo. Only those who served as delegates at the ANA Biennial can account for what they *thought* they were voting on, when, on the last day of the convention in the final hours of the business meeting, eight recommended procedures to be followed in the study of organization were accepted. Before this convention, the board of directors of the National League of Nursing Education, National Organization for Public Health Nursing, National Association of Colored Graduate Nurses, Association of Collegiate Schools of Nursing, and American Association of Industrial Nurses had approved suggestions submitted by Raymond T. Rich as to the "next steps" to be taken in analyzing the Structure Study. In the hands of the delegates at the convention were the following recommendations:

1. That the Board of Directors of each participating professional nursing organization nominate for election by a business meeting of its governing body a number of candidates of which five are to be elected to serve as official representatives of an enlarged Structure Committee.

2. That each board request its governing body to authorize these representatives jointly with the representatives of the other organizations on the enlarged Structure Committee, to:

a. Develop means of explaining to the respective membership bodies the various structure recommendations and obtaining their opinions thereon.

b. Study and report recommendations regarding any revisions in the "Structure Report" to all the participating organizations.

c. Devise procedures for electing delegates and convening a joint organizational convention or constitutional convention.

d. Prepare for submittal to the constitutional convention for consideration and adoption with or without modifications:

(1)—Drafts of constitutions and by-laws.

(2)—Recommended procedures for giving effect to the action of the constitutional convention.

e. Arrange for ratification of the final actions of the constitutional convention by each organization.

f. Participate in the joint raising of necessary funds.

g. Take such other measures as may be found necessary to give effect to the desires of the governing bodies.

3. That each board of the participating organizations submit to its governing body a motion authorizing a contribution to the Joint Structure Committee of..... cents per member, the contribution to be made from the funds of each organization.

IMMEDIATELY prior to the ANA business meeting, these suggestions, although approved by the five other national nursing organizations, were revised by an ANA committee to read, excepting a few minor amendments from the floor, as they now appear:

1. That the report be received and that a careful and detailed analysis of the study and the feasibility of its conclusions be made by the ANA working through its constituent state nurses' associations not later than April 1, 1947.

2. That a report of such analysis be sent to all units of organization of the ANA, and that they be requested to express their opinions thereon and to submit any recommendations which they may have.

3. That the House of Delegates authorize the appointment of representatives, from nominations submitted by state nurses' associations before November 1, 1946, to serve on an enlarged Structure Committee. One of the duties of the ANA members so selected shall be to analyze and interpret to the members reports that come from the state nurses' associations.

4. That the ANA have 12 representatives on the enlarged Structure Committee because of its large membership, these representatives to include proportionate representation from Private Duty, Federal Government, Men Nurses, Institutional and Industrial Nurses Section of the ANA.

5. That in the selection of these 12 representatives, the five geographical areas of the United States must be represented by two members each, with two members at large.

6. That the authority granted the 12 representatives of the ANA of this Joint Structure Committee be restricted to receiving the report as analyzed and interpreted to the members of the Structure Study Committee and to the states, and that before ANA approval shall be given in regard to the general Structure Report, it must be approved by the House of Delegates at a meeting

of the House of Delegates to be called not later than October 1, 1947.

7. That the ANA Committee shall make available to every state nurses' association not later than May 15, 1947, the summary of the compilation and reconciliation of the states' recommendations. This summary statement to be used as a guide to the states to give full information to the delegates attending the special meeting of the House of Delegates in order to act with understanding upon the Rich report.

8. That since any alteration or structure must await detailed study over considerable length of time, the present program of the work of the American Nurses' Association be carried forward without regard to any future changes which might be made.

Due to controversy at the first Joint Structure Committee meeting, the ANA Board of Directors were requested to clarify the position of their 12 representatives. Their legal council interpreted the House of Delegates' action as limiting the ANA's representatives to listening only. The authority to take any part whatsoever in the joint meeting was withheld.

ONLY those voting at the House of Delegates can tell if that is what they meant their representatives to do. Many nurses are questioning this interpretation for it hardly seems reasonable that the delegates intended to bar their representatives from protecting the interests of the ANA membership when they had gone to such great lengths to specify that there would be 12 ANA representatives covering all fields of the membership from different geographical areas.

Was it the intent of the House of Delegates to restrict the ANA participation on the Joint Structure Committee, both vocally and financially, to inactivity? It is now quite obvious that a large percentage of nurses did not understand for what they were voting. If it were an unintentional mistake on the part of the delegates, then it should, by all means, be rectified at the September House of Delegates' meeting in Chicago. If the ANA's hands were unwittingly tied, they should be untied.

Our professional future is at stake. No life built on uncertainties, misconceptions, and misunderstandings has ever had a successful existence. Let our questions be answered *before* we vote. If a mistake has been made, let it be admitted and corrected and the way cleared for a fresh beginning.

Alice R. Clarke, R.N.

Meeting of the House of Delegates

of the

AMERICAN NURSES ASSOCIATION

Hotel Stevens, Chicago, Ill. September 13-14

Letters to a Fledgling

by Marion Wefer, R.N.

Dear Exasperated Niece:

I have just been reading and re-reading your last letter and, since I am your ever-loving, I feel I must come forward with a few choice words. You know I once stood in your shoes. Neatly polished shoes they are, I'm sure, with heels no higher than the training school office allows. Believe it or not, I once wore the same size and felt just as you feel at this moment. Naturally, my first auntly impulse is to charge into the ward where you are on duty and teach a certain doctor elementary courtesy with a bed-crank! I've met his breed before and know that nothing less will "larn 'em." The sorry part is that his kind are ever present and so numerous that recently they made the headlines in our city newspaper.

The print was large and bold and black. It met the eye. Your Aunt Agatha pounced upon the paragraphs with a squeal of triumph. She said, "I told you so! Doctors! They think nurses are dirt beneath their feet! You remember Emily Post said...."

I said, "Here! Gimme!" I grabbed the paper and looked again. There it was, just what I'd seen the first time. I quote. "Boorish Doctors Blamed for Shortage of Nurses." End of quote. Now this, my niece, was not a complaint from a nurse with a grievance. If it had been, I have a feeling it would have been pooh-poohed and tut-tutted. It would not have made the front page nor the back one. But this was a doctor speaking to a national association and, as he (*Turn the page*)

happened to be the superintendent of a hospital in a large industrial city, it seems probable that he knows what he is talking about.

"This fire has been smoldering for years and should be quenched once and for all," says he. Says I, "Try and do it . . . beginning in your superintendent's office!"

THEN I folded the paper with the article tucked inside. I didn't want your mother to be worried. According to your wish, and quite right and thoughtful of you, my dear, I am keeping your unpleasant experience a confidence between us. We are two professional people faced with our own problems. While I think a public airing of the nurse's problem of hours and wages is all to the good, this maladjustment of the doctor-nurse relationship is a bit of soiled linen I'd like to keep off the line. I'd like to see it settled between ourselves. Don't you think we should bow the gentlemen of the press to the door, shut it, and then turn our ethical extinguisher on this "smoldering fire"?

The problem begins, of course, with the individual nurse and doctor. Theoretically, both are adults and should have outgrown pettishness. Both are co-workers and mutually dependent. Mutual respect should exist between them. The doctor, as superior officer, however, has the nurse at his mercy. And some of them have no mercy. On the other hand, I have [*Continued on page* 74]

Probie

"Nothing's wrong—I'm hot."

Highlights of Health Bill Hearings

On May 19th, President Truman requested Congress to enact a national health insurance plan. Following this, two new versions of the Wagner and Taft bills were introduced into Congress.

NATIONAL HEALTH measures that have been shunted off onto Congressional sidings during the last two law-making sessions, are again up for consideration. The two major bills, the Taft National Health bill (S.545) and the new Wagner-Murray-Dingell bill (The National Health Insurance and Public Health bill, S.1320), earlier versions of which R.N. reported [December, 1946], have both undergone revision.

The recent Senate subcommittee hearings on the bills, which began May 21, opened in an atmosphere of anger, suspicion, and open hostility. Senator James E. Murray (D., Montana) denounced the manner in which witnesses had been selected, and asserted that the hearings had been rigged to favor organized medicine. When Senator Robert A. Taft (R., Ohio) appeared as first witness to explain the workings of his bill, he and Senator Murray engaged in the same sort of personal tiff that had marked the opening of hearings on the Wagner-Murray-Dingell bill last year.

With the opening of these latest hearings, two totally opposed concepts of Government intervention in medicine were at issue. Principle objective of the Taft bill is Federal assistance to the states for care of the medically indigent. The Wagner bill would introduce a complete system of Government medicine financed by taxation.

The subcommittee heard the Taft bill endorsed by witnesses representing organized medicine and dentistry, hospitals, nonprofit medical and hospital plans, and other groups. A number of amendments were suggested, all relatively minor in character. Most witnesses voiced uncompromising opposition to any compulsory "insurance" system.

ON behalf of the AMA, Dr. R. L. Sensenich, chairman of the Board of Trustees, declared that the Taft roposal "nearly approximates a legislative background for the development of a health program for the American people without destroying or restricting the objectives set forth in the broad National Health Program of the AMA.

Dr. Edward J. McCormick, chairman of the AMA Council on Medical

Service, emphasized the rapid growth of nonprofit medical prepayment plans, both in number of plans and in enrollment. There were only 15 such plans in 1942, he said, but by mid-1947 there were 64 in 37 states and the District of Columbia, and plans were being organized in 10 other states. Enrollment in 1944 was 1,500,000, he said; in 1946, 5,000,000. "Since the big growth has taken place in the last two years," commented Dr. McCormick, "it is reasonable to assume that growth of enrollment is just beginning. We could point to only one really large plan a year ago; now we have five with more than 300,000 subscribers each, and six more with over 100,000 subscribers.

"WE NEED not model our provision of health care for the American people on any failing technique based on European methods of dictatorship and compulsion," he concluded. "We can find a voluntary way compatible with true American democracy."

Those who distort statistics, consciously or unconsciously, to demonstrate the "inadequacy" of medical care, were reprimanded by Dr. Lowell S. Goin, representing the

"NATIONAL SICKNESS INSURANCE"—*Wagner-Murray-Dingell bill*

TWO MAJOR changes have been made in the 1947 version of the Wagner-Murray-Dingel bill, but it is essentially unaltered since it still proposes a federalized system of medical, nursing, dental, and hospital care financed by taxation. The new bill assigns overall control of all health activities to the Federal Security Administrator who would be assisted by a five-man board. (Earlier bills gave top authority to the Surgeon General of the U.S. Public Health Service.) It also substitutes "decentralized" administration by the states for complete Federal Administration. The objectives are a sickness insurance program and a program of grants-in-aid to the states to promote education and research. No proposal is made for financing other than the authorization for Congress to appropriate sufficient sums. Complementary legislation may be called on to provide for financing through payroll deduction at the possible rate of 3 to 4 per cent of all incomes up to the first $3,600; one-half to be levied on employed persons, and one-half on employers. The bill allows "free selection" of doctors, nurses, and hospitals. Those eligible for services would be all persons making not less than $150 a year and their dependents. Included are the self-employed—excluded are members of the Armed Forces, state employees, casual laborers, and a few other classes.

American College of Radiology, the California Medical Association, and the California Physicians' Service. "Health" and "medical care" are being used as though they were interchangeable words, he said. "Nothing is further from the truth," he told the committee. "Medical care is, in fact, only a part of the problem of health, and not even the most important part, since health depends almost entirely upon good nutrition, adequate clothing, adequate rest, adequate recreation, sanitation, hygiene, the regulation of patent medicine advertising, the control of the cults, etc. . . . It seems to me that the Federal Government . . . might turn its attention to some of these problems rather than attack the minor fraction called medical care."

DR. GOIN said that the voluntary plans should be given a thorough test. "To the argument that not enough people will protect themselves without compulsion, there are two answers," he declared. "Seventy-one million people have protected themselves with life insurance of their own free will, simply because they have been persuaded as to its necessity. Of course, this vast number was not [*Continued on page* 70]

"LOW INCOME MEDICAL CARE"—*Taft bill*

THE TAFT National Health bill has two main objectives: First, the establishment of a National Health Agency which would control all Federal health activities except those of the Armed Forces and Veterans Administration; and secondly, the establishment of a continuing program of grants-in-aid to the states to assist them in providing medical, nursing, hospital, and dental services for people who could not pay for such services, in whole or in part. Senator Taft has modified his original proposal after a series of conferences with physicians. The bill would appropriate $200 million a year for medical and hospital services; another $20 million for dental services. These sums would be distributed among states that matched them on a dollar-for-dollar basis. The individual states would be required to set up state health agencies and submit programs for approval by the Surgeon General of the National Health Council. The plans would be designed to provide, by the end of a five year period, hospital, surgical, and medical care, for those unable to pay for such services. The bill expressly provides for payment of indigents' premiums in nonprofit prepayment plans. Other provisions include financial assistance to states for the making of medical-care surveys, appropriations for cancer research, and establishment of a National Institute of Dental Research.

Women Who Nurse: Shulamith Cantor, R.N.

by Dollie C. Carpenter

"IF A BOY THROWS a bomb in Haifa, it makes the headlines the world over; the newspaper-reading public seldom hears of the constructive work being done by many organizations in Palestine." These are the words of a small, gray-haired woman who has given generously of her time and energy since 1918 in helping to promote better health standards in her adopted country. She is Mrs. Shulamith Cantor, registered nurse, mother, and Superintendent of the Henrietta Szold School of Nursing, situated high atop Mount Scopus in Jerusalem—one of the two largest schools of nursing in the Middle East.

Small in stature, reserved and gentle in manner, the Lebanese born nurse looks better fitted for the role of home-maker and mother than that of the bustling director of a progressive nursing school which she helped pioneer in the days of its inception. Mrs. Cantor has somehow found time for both of these careers. Now that her two boys are in long trousers, and one daughter is taking post graduate nurses' courses at Columbia University in New York City, and the other is studying in Palestine to become an occupational therapist, she has again turned her full energies to nursing.

One of eleven children, Mrs. Cantor's family history is heavily sprinkled with Spanish-Jewish doctors. She's a true cosmopolitan. Born in Beirut, Lebanon, of an Italian father and a Damascus-reared mother, she speaks three languages in addition to her native Hebrew. In a day when young ladies were not supposed to go traipsing off alone, she astounded her conservative family following her graduation in 1918 from nurses' training at the American University Hospital in Beirut, when she made the radical announcement that she intended "to return home to the land of our fathers, to Palestine, to practice the arts of healing and teaching."

SHE reached the Holy Land, then newly freed of Turkish rule, in time to join the first American Zionist Medical unit comprised of 44 medical men, nurses, and administrators sent to Palestine by the Hadassah organization. What these medical pioneers accomplished in the disease ridden, poverty stricken Biblical land makes a fascinating chapter in the recording of modern medicine. Three decades of breaking down old super-

stitions and creating new standards of health have produced these unbelievable results. In 1918, there were 128 of every 1,000 Jewish babies doomed to death in their first year. Today, the infant mortality rate is among the lowest in the world—32 per 1,000 births. Trachoma and the resulting blindness that had claimed 40 of every 100 children has been reduced to 2.29%; and malaria that formerly ravaged 50% of the population is almost non-existent. The doctors and nurses who pioneered these reforms have had one common objective in mind—the establishment of a real homeland for their people.

THE Henrietta Szold School of Nursing, named for its non-nurse American founder, graduated its first class of 22 nurses in 1921. Mrs. Cantor had been appointed their first teacher as she alone, among the members of the medical unit, could speak Hebrew. The founding of the nursing school had followed the opening of the Rothschild Hospital in Jerusalem that had been given to the medical unit by Baron Edmond de Rothschild. The small 90 bed institution, the newly formed nursing school, and the energetic cadre were the nucleus of the progressive medical institutions in Palestine today. The sorely-needed expansion was a slow process in a country that needed so much. An affiliated Hebrew University was opened in 1925 and plans were begun for a medical school. This was partially realized in 1939 when the million-dollar Rothschild-Hadassah University Hospital

Mrs. Cantor, Superintendent of the Henrietta Szold School of Nursing.

was formally opened on Mount Scopus, on the outskirts of Jerusalem. The Henrietta Szold Hadassah School of Nursing was moved to the new Mount Scopus headquarters at that time, and plans are underway now to increase the student body from 80 to 155. At least two years more will be needed to complete the expansion that will provide for pre-medical training; a total of 700 beds including a new 70 bed tuberculosis ward and a new 200 bed tuberculosis hospital as well as a new outpatient department to be built near the hospital to replace the one that remained behind in the city. The Hadassah University Medical Center is composed of three closely knit organiza-

Architect's model envisions future medical center on Mount Scopus

tions—the university hospital, the school of nursing and the Nathan Ratnoff Medical School for post-graduate teaching and research. Fifty welfare centers strategically placed throughout the country complete this smooth-working, scientifically integrated medical organization that has been responsible for bringing a better measure of health to all the people in Palestine.

Hadassah, the Women's Zionist Organization that has made most of this service possible, is named for Queen Esther who in biblical days worked miracles of salvation for her people. The inscription over the door of the hospital and above the entrance of each of the clinics advises in Hebrew, "The healing of the daughter of my people." This quotation taken from Jeremiah tells part of the story, but not all, for the Jewish medical services in Palestine are available to everyone—Christian, Arab, and Jew alike. Mrs. Cantor tells of the good relations that have been established with Arab townsmen in a small village at the base of Mount Scopus. The hospital and university personnel had employed their "good neighbor" policy to win the Arabs, break down old superstitions, and convince them that they could bring their aches and pains to the hospital. Now, it would seem, the neighborly policy has become almost too much of a good thing. The Arab townspeople seize on the slightest pretext to bring the injured and ill to the hospital;

Student nurses relax on the balcony overlooking the Hills of Judaea

not just the afflicted ones, but the whole village, en masse. Young and old troop into the hospital corridors and wards to stand in quiet awe of the medicated smells and enameled machines.

The hospital is the chief diagnostic center for the entire south eastern

Mediterranean area. It's staff of 50 to 60 doctors, truly international in flavor, is made up of the best technical leaders from all over the world. The latest scientific methods are constantly being imported from America and other countries. A series of scholarships are used to bring these doctors and nurses to the United States to study.

The democratic "no distinction" policy is extended even beyond the medical services offered—it affects the lives and working conditions of everyone concerned with this large medical center. Here, nurses are accepted on a high professional status, and excellent cooperation exists between them and the doctors. Nursing in Palestine, in fact, is a revered profession. Mrs. Cantor recalls the naive answer to her question, "Why do you want to enter nurses' training?" With no hesitation, the young refugee answered, "Because I'll be respected as a nurse."

RESPECTED as a nurse and as a person – unbelievable to the thousands who are pouring into Palestine to regain their dignity as human beings. The Hadassah organization is working with other groups in that country to help these bewildered people regain that dignity, but dignity of mind can only come after bodily ills are cured. Psychiatric disorders, nutritional diseases, and tuberculosis, that exists in 15 per cent of these displaced persons, are the chief ills to be cured. To accomplish this end, six months of free medical service is given to each newcomer to Palestine. For[*Continued on page* 63]

Girls from many nations are becoming Palestinian nurses at the Henrietta Szold School. Student nurse at right is a Yemenite—an oriental Jew.

Keep the Door Open

by Anne M. Goodrich, R.N.

IF YOU ARE ONE of the R.N.'s who believe that we need the strength and unity of one organization to which all nurses may belong, there are several courses of action open to you. You may personally, or through your representative at the September House of Delegates' meeting in Chicago, accept as they stand either Plan 1 or Plan 2 of the Rich Report; you may decide to disregard the report altogether and begin to formulate a new plan; or you may accept the *basic structure* of one of the Rich plans with modifications.

This latter course appears to have several advantages. It offers a basis for formulating a new organization within a reasonable time and, because of the discussion which has already taken place, many nurses are aware of those portions of the plans which they do not like. They are also aware of those deficiencies in the structure with regard to the specific needs of specific groups. The majority of nurses, who see possibilities of building upon the work done so far, favor Plan 1 with modifications rather than Plan 2.

Before accepting any plan, we want to be sure that its provisions cover the entire field of professional interest. We want to be sure that it has adequate provision for representation of all groups and means of promoting the nursing profession as a whole.

When contemplating changes in either of the Rich plans as presented, it is essential to distinguish between basic structure, which cannot be changed without throwing the foundations of the plan out of balance, and the overlying details of the plan, which may be changed or modified without endangering the basic function of the organization as outlined.

THE basic structure has, for the hub of the wheel, the House of Delegates. This means you, individually, or your chosen representative. The spokes of the wheel, stemming from the House of Delegates, allow the organization to move smoothly in a balanced circle. These spokes are the relationship of the House of Delegates to the district, the state, the board of directors, the sections, and the commissions. It is *not* possible to make drastic changes in these relationships, but it *is* possible and even desirable to change some of the units to make them acceptable to all groups within the profession.

The following are some of the major objections to Plan 1 as it now stands, and some of the changes and safeguards R.N.'s have suggested:

The stumbling block in almost all group discussion meetings has been that of lay membership. Over and over we have heard, "If we admit lay people, what is to prevent their getting control of our organization?" On the other hand, both the Rich Associates and members of the NLNE and NOPHN consider that lay participation and interest are

vital to our professional usefulness in, and acceptance by, the community. A solution might be proportional lay membership. That is, admission of lay members in the ratio of one lay person to three, five, ten, or even twenty R.N.'s.

It is also quite possible to limit lay participation in certain of the commissions. It could be prohibited entirely in those concerned with economic security if a majority of nurses fear that the layman, as consumer and employer of nursing service, would have interests opposed to better pay and shorter hours.

Lay membership within the sections could be a matter for each section to decide. Undoubtedly, the public health and educator groups, who are now working with lay memberships, would want them at the outset. Other sections could be allowed to decide for themselves.

Another question which has caused considerable discussion is the makeup of the sections, which now number 13. These are divided into six vocational practices: *educators, service administrators, industrial, school, public health, and general duty nurses.* The seven other divisions are clinical specialties: *surgical, medical, obstetrical, pediatric, orthopedic, psychiatric, and tuberculosis.*

Many of the nurses in the private duty group feel that they would prefer representation as a vocational group rather than having to choose between major medical interests. It is entirely possible to change the section groupings and also to have a larger or smaller number of sections to start with, and yet not change the basic structure of the plan. It is, however, necessary to accept the *principle* of sections as a method of individual participation in our professional organization.

While a board of directors, to ad-

minister the affairs of an association, is indispensable, the form of election can be changed or modified. The Rich Associates suggest that the House of Delegates elect 15 directors who will decide which of their number will act as president, vice president, treasurer, etc. Some R.N.'s feel that there are those who would make good treasurers or secretaries and not necessarily good presidents. Conversely, good presidential candidates do not always have the quali-

fications for treasurer, etc. We can, if we wish, decide to name specific candidates for specific offices and not change basic structure. We only need to accept the principle that the board of directors are elected by the House of Delegates.

The nine commissions have been suggested to deal with nursing problems such as: *education, standards of nurse practice, social and economic welfare of nurses, recruitment and student welfare, educational facilities, nursing and health, nursing service facilities, nursing auxiliaries, and legislation.* These functions could be delegated to standing committees but members would then be appointed by the board of directors. Under the Rich Plan, each commission has one member appointed from each section to represent the interest of that section. As an alternate plan, the House of Delegates could elect the members of a commission from lists supplied by the various sections, plus four candidates nominated by the board of directors. The precept that all sections must be represented on each commission cannot be changed, but the number of commissions may be increased or decreased as problems occur or are resolved. Again,

AMA Offers—

DR. EDWARD L. BORTZ, president-elect of the AMA and their representative at the International Council of Nurses said:

"At the AMA convention to be held in Atlantic City in June, the House of Delegates will be asked to appoint a committee to study nursing service. This committee will ask that a similar committee be appointed by the ANA to meet in joint session to discuss the lack of nurses and also the education of nurses.

"Doctors are concerned with over-emphasis on specialization; two-thirds of the doctors desire to specialize—leaving one-third for general practice. This order should be reversed if needs of the nation are to be met. This applies to nursing, also, where a similar tendency to want to specialize is being noted.

"Doctors are ready to support recommendations made by the nursing profession which will improve positions of nurses in hospitals and in homes.

"The AMA has much important data bearing on problems confronting your noble profession that is available in the files of the AMA for anyone who wishes to study it."

the strength or lack of lay participation in any one commission may be regulated without affecting basic structure.

The proposed relationship between the district, the state, and the national organization has also given rise to discussion. Under the Rich Plan, the district's relationship to the state and to the national would be bilateral. Local districts would come together as members of a state organization for discussion of mutual problems. Representatives of all districts would meet in the House of Delegates for national discussion. As the fundamental principle of the Rich Plan is the membership of each individual nurse in the national organization, this district-to-state and

district-to-national relationship is a structural necessity. (At the present time, no individual nurse is a direct member of the ANA—she is a member of her state association and her state is a member of ANA.) It has been pointed out that a district would not be obliged to join the state organization, but probably would find it advantageous to do so for reasons of professional strength in state legislation alone.

One of the [*Continued on page* 60]

ANA Accepts—

KATHARINE J. DENSFORD, of Minneapolis, president, ANA, at the closing session of the International Council of Nurses "welcomed the invitation" extended by Dr. Edward L. Bortz "to discuss problems concerned with nursing service."

Miss Densford said she was awaiting further word from Dr. Bortz "regarding the time and place of such a meeting" but that in the meantime she would, "ask those nurses best qualified by experience to discuss the practical aspects of specific problems relating to the several fields of nursing," to serve on the proposed joint committee.

"Our common aim," she said, "is to provide the best nursing, medical, and general health care possible for all our citizens. In order to do this, we must pool the knowledge and resources of all groups, get quickly to the root of our common problems, and then act. I know of no better method to accomplish this than by a straightforward and thorough review of these problems. I believe our combined experience and practical judgment will show us the way to serve the public more efficiently."

Operated by specially trained pilots and R.N.'s, the Air Ambulances have pressure cabins designed to hold a 6'6" bed, traction apparatus, and a portable iron lung.

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d a port-

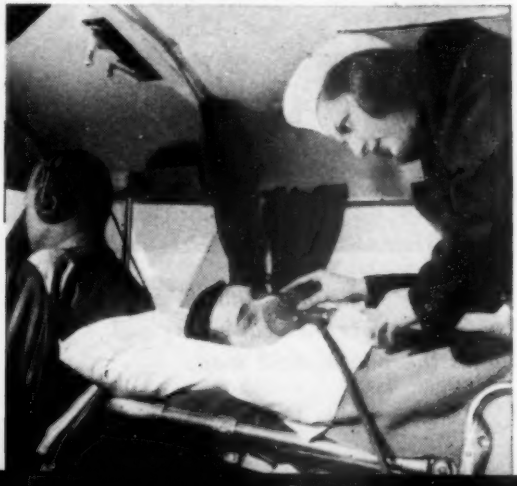
Air Ambulance

(*Civilian Style*)

AIR AMBULANCE, INC., begun 10 months ago by four "eager beaver" Air Corps vets, is the first and only civilian service of its kind. It supplies a means of long-range transportation for the seriously ill patient when speed and comfort are necessary. The attending crew, with over 350 emergency flights to their credit, have ferried everything from a baby complete with swallowed safety pin to a British Jamaican paralytic. The Air Ambulance service, with headquarters in New York and North Carolina, makes both trans-continental and trans-oceanic flights Top landing priority is extended to these planes when they approach an airfield.

Before the take-off, Rita Wesler, R.N., checks her medical orders and studies the pilot's flight map.

Medical equipment is styled after that used in Army Air Evacuation planes. Former flight nurse in the service, Miss Wesler was the first R.N. to join this Air Ambulance service.



As cardiac and chest cases usually require oxygen for elevations over 5,000 feet, a working knowledge of atmospheric conditions is necessary.

Air Ambulance

Photos by Pickow from Three Lions

From Out of the Chaos

by Dorothy Sutherland

OUT OF EVERY MAJOR catastrophe something constructive emerges. There were many incidents during the Texas City disaster which could and should have been avoided. But there were also some which produced strong, positive results, despite the general atmosphere of destruction. Among the things which impressed me the most were the way in which nurses with military experience were integrated into the overall program for handling of casualties, the success with which their services were employed, and the attitude of civilian medical and nursing personnel toward them. The sum of all these adds up to a high efficiency rating for the nurse-veterans and current ANC's.

Don't misunderstand me. I am not trying to imply any inadequacy on the part of the nurse volunteers who poured into Galveston by the hundreds and the scores recruited systematically by the Red Cross Area Disaster Nursing Service. In fact, of the entire medical-emergency setup, the nursing service came in for more praise and less criticism than any other branch. Every one of those women did a splendid piece of work. But the nurses with military experience had an extra plus to give—their understanding of and familiarity with surgery and postoperative care under the most adverse hospital conditions possible.

All of us who watched nurses at work overseas and then tried to write up the things we had observed, came home expecting that these women would have progressed professionally. The speed and efficiency with which they had learned to work, the necessity for improvisation both of equipment and of method, the teamwork, and the experience gained in medicine as well as surgery, we were sure would elevate them on the hospital scale when they were ready to return to civilian life. But it didn't.

BACK HERE in the States, nurse veterans were having a tough time of it. For all the hue and cry about nurse shortage, the majority of hospitals were not placing nurses according to individual interest and capability. And they were not recognizing military experience as having contributed anything vital or useful to the nurse's background.

It was not easy, for instance, for a nurse with 14 months of head and chest surgery on an overseas surgical team to come home and be told the best position her own hospital could offer her was general duty or circulating in surgery. [*Turn the page*]

"We couldn't possibly trust you on a head case here," she was told. "How do we know whether your technique is any good or whether you know the difference between a cautery and suction."

Another young woman, who had been chief nurse of an evac hospital, was told she was too inexperienced to take over the nursing service in a small private hospital. Another couldn't qualify for a teaching job, although she had been on a nursing school faculty before the war, unless she took a refresher course to make up for what she had missed while in the Army. Still another could not advance to the job of public health supervisor from her pre-war spot as staff nurse, although she had been responsible for setting up one phase of the public health nursing program under Military Government in one of the occupied countries before the end of the war.

R.N. readers know enough nurse veterans themselves to add a hundred or more [*Continued on page* 48]

AEROSOLS

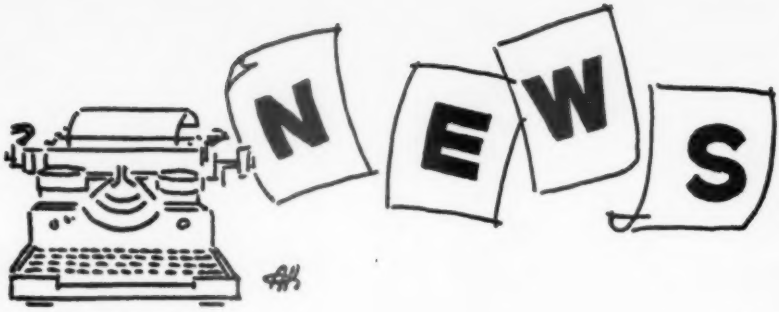
BY CAROLYN VALENTINE, B.S.

CHEMICAL WARFARE against germs is the latest step in the constant fight against disease. The sulfa drugs, penicillin, and other antibiotics, are miracle workers when injected or taken orally, but in some disease conditions they fail to give the best results because they cannot reach the source of infection. This is especially true of respiratory ailments such as asthma, tuberculosis and pneumonia because the chest cavity does not permit ready introduction of medication as do other parts of the body.

Inhalations have been used since the days of ancient Egypt, China, Rome, and Greece. In the U.S., the use of an atomizer and other methods of forcing medication into an infected area have been in practice for many years. But, as there are only a limited number of volatile liquids that can be vaporized and inhaled, there are many difficulties to overcome when solid, nonvolatile substances are used.

Solid medicinal chemicals must be dissolved in water or other solutions and then introduced into the lungs in the form of mists. Particles of the substances attach themselves to the globules of solvent and ride in the droplets. But, here again, there is some difficulty because only certain methods of "atomizing" the solutions will form the mists or aerosols to be inhaled.

The most common method is to form the aerosol by passing air or oxygen through a nebulizer that is filled with the medicated fluid. Drs. W. Heubner and K. Lagedar used such a mist of epinephrine for patients suffering with asthma. This drug, which has the properties of the adrenalin hormone, acts upon the nerves of the bronchioles and controls con- [*Continued on page* 54]



Action Speaks Louder

PIONEERING MICHIGAN NURSES are not just theorizing about the Rich plans. They have an active plan of their own. It is both revolutionary and simple, and so practicable that it may well point the way to a solution of the profession's reorganization problem.

For a demonstration period of one year, five state nursing bodies will pool their activities under the administration of the Michigan Nursing Center Association (Inc.). The purposes are "to improve nursing service, nursing education, and the welfare of nurses in Michigan by a functional union of the existing state nursing organizations."

Before tackling *structure*, Michigan nurses are out to learn where their organizations meet on a *functional* basis. There will be no structural changes during the experiment; each organization retains its autonomy. Members will enter through their respective state bodies and dues will be collected in the usual way. The relationships of each organization to its national and local organizations will remain unchanged. The demonstration is purely on a state level.

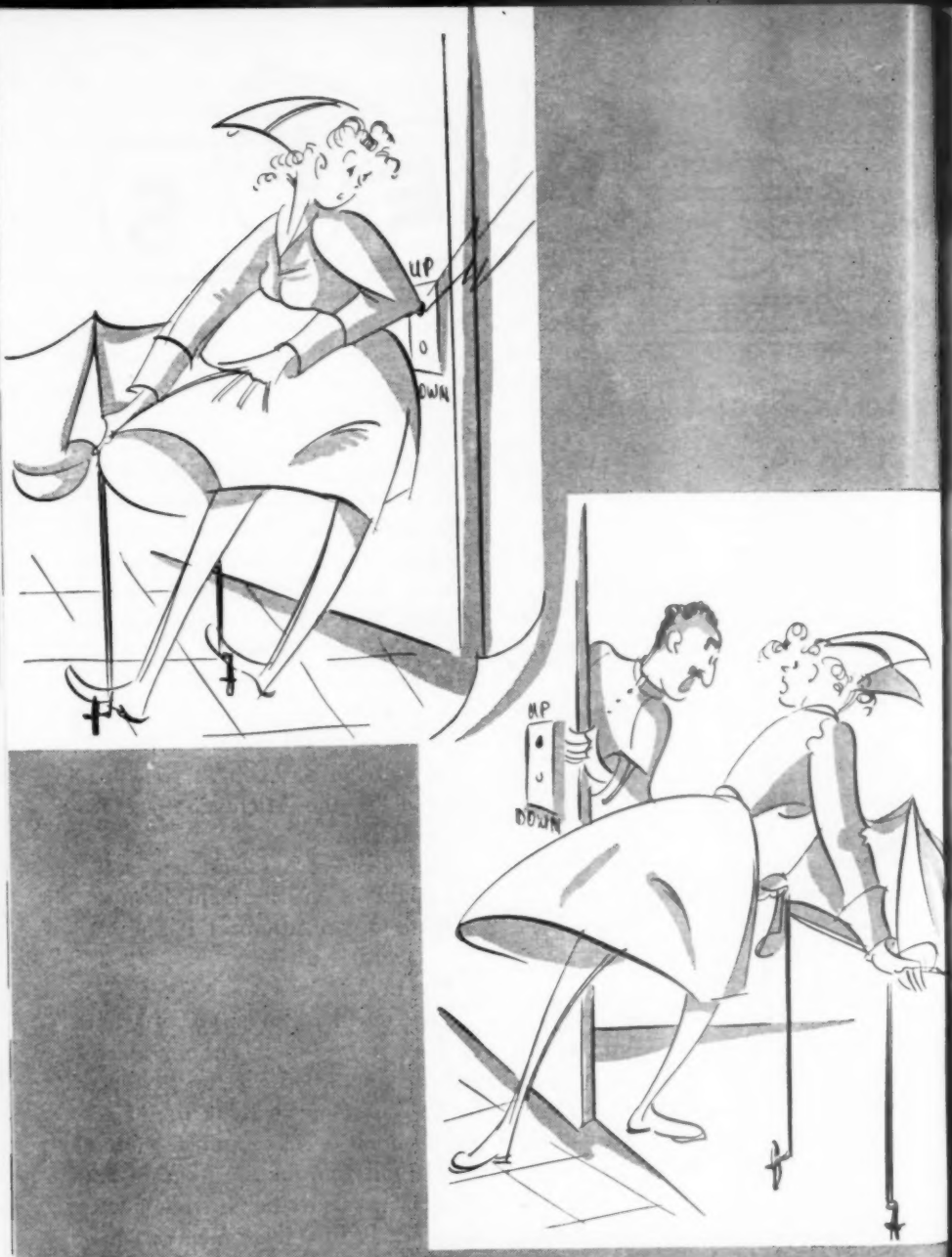
Programs of the constituent groups will be reviewed by the board of the Nursing Center Association to determine which activities should be pooled and which carried on separately. Every new project will first be cleared by the board, which will also prepare a budget. Each group will allocate funds from its treasury to finance pooled work.

A board of directors of 25 will be elected by the Michigan organizations as follows:

State Nurses Association	9
League of Nursing Education	3
State Organization for Public Health Nursing	3
Practical Nurses Association	5

Five members at large, of whom at least three shall be non-nurses, will be appointed for the first year by the outgoing board of the Michigan Council on Community Nursing which will transfer its program and financial assets to the Nursing Center Association. Five more members may be appointed as needed.

The plan was approved by four of the state organizations at their recent annual [*Continued on page* 58]


UP
O
DOWN
UP
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DOWN

Special Delivery

Hocus-Pocus Diagnosis

by Eleanor Whiting Michel, R. N.

NO NURSE INTERESTED in the subject needs much of an eye these days to note that too many people, who have no medical or moral right to do so, are dipping thick and unskilled fingers into the ways of psychiatry.

It is not precisely a new development. As long as 25 years ago, lay groups were carelessly borrowing phrases from Freud. Words like "libido" and "infantile repression" were approved currency among the Bohemians of the 1920's.

Such dabbling, then, in the newly prominent science of the mind was confined largely to the pseudo-intelligentsia. Today, so-called "popular psychiatry" is an item for mass consumption and mass entertainment. A deluge of bad movies about psychiatry is breaking box office records. Probably millions of people have acquired the idea that psychoses are something fascinating and adventurous, if dangerous, but which can be finally overcome by falling in love with Gregory Peck. Bookstores are bursting with volumes of advice on how to psychoanalyze yourself, your friends, and society in general.

Headline reports on psychoneurotic 4-F's and battle-fatigued soldiers gave extravagant variety to the war news. That, with the postwar rash of violent crimes on which alienists are called in to testify has done its considerable part in popularizing, not to say vulgarizing, the jargon of psychiatry. Twenty-five years ago, a few people were corrupting psychiatric thinking to justify their own behavior. Today nearly everybody, it seems, is doing it to explain the actions and behavior of their neighbors.

Psychiatry, and more particularly psychoanalysis, are becoming popularized in the wrong way—not as a science, but as a diversion. If other branches of medicine were to become so popularized, artists, society dowagers, and others would be administering hypos to each other, taking temperatures at the drop of an eyelid, and performing appendectomies after Tuesday bridge. But psychiatry doesn't bleed, and there's no apparent immediate danger in fooling around with it, so it becomes a parlor game.

It is a game that has an added temptation to nurses. Whatever our patients' illnesses, we work in a world of swirling mentalities. Relatively few of us work directly with psychiatrists, but there is no other group in the world with such intimate, minute-by-minute acquaintance with people and their personalities.

The knowledge of personality expression we have gained through experience is so large that it would astonish us if we once took stock of it. We would not be human if, when opportunity seemed to offer, we did not feel tempted to display that knowledge by announcing that this or that person is suffering from this or that mental trait or aberration.

Too many of us are guilty of this. I am not suggesting that any of us are given to setting ourselves up as psychiatrists. But it is true, however, that both on and off duty we have a tendency to attach labels to people that may do moral injustice and harm to their personalities, and often to their welfare.

Off duty, this tendency is limited pretty much to those nurses who know the language of psychiatry and, very often, a good bit of its materia as well. Their interest in the subject is commendable; they approach it with due seriousness and wouldn't

dream of having deliberate sport with it. But several times lately I have heard nurses say, when discussing some one, "Oh, she's neurotic," or "So-and-So has an Oedipus complex." Once I heard a nurse at a party say, "I couldn't trust her. She's dangerously close to a complete psychosis," and a little later the same nurse said, talking about still another person, "What—that schizophrenic!"

In all these instances, I knew that the nurses who made these judgments had no right whatever to do so. Even if they had had a thorough knowledge of psychiatry, which they had not, they knew very little about the people they were discussing, oth-

er than superficial characteristics apparent to everyone. An accomplished psychoanalyst, while his experience and knowledge might soon lead him to suspect what was troubling a patient, would need weeks or longer to deliver so abrupt a diagnosis as these nurses did in a moment.

As I've said, this is becoming a parlor game. Many kinds of people are playing, and nurses who indulge in it are in a microscopic minority. It is, incidentally, a form of Puritan witch-hunting, in which people who pride themselves on being normal are hunting for neurosis in others. I am not pointing to any kind of trend among nurses alone, but simply wondering if nurses should indulge in it at all. There is no professional penalty for doing so. Yet, because we are nurses, our listeners attach a certain validity to any opinions spoken in professional language, and supported with classic text book examples. It seems to me that refraining from tea table analysis is simply an extension of ethics.

THE CLINIC SHOEMAKERS

TWELFTH FLOOR -- SHELL BLDG.
1221 LOCUST STREET
SAINT LOUIS 3, MISSOURI

Memo;

Attention; *Young Women in White*

Date; July, 1947.

Most nurses and other "Young Women in White" know the importance of buying the finest possible white duty footwear — that's why we think you will take time out to let us tell you the story of white "Clinic Shoes", the best white duty shoes made in America.

"Clinic Shoes" are scientifically designed to give nurses the same splendid service they give to others.

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President

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Rueping's White Elk or
Brogandi White Crushed Kid
Duflex Napline White Sole,
10½/8 White Heel and Toplift
also leather sole

Nothing could be finer

From Out of the Chaos

[*Continued from page* 40]

similar instances to these few examples. For my own part, the attitude toward veteran nurses was summed up by the statement made to one of my friends by a counselor in one of the local nursing offices. "Just what did you expect?" asked the counselor. "You girls came back into civilian life with a chip on your shoulders. After all, you have been *out of nursing* for years. It doesn't make any difference that you were in the Army."

I always contended that it did make a difference. I had seen a few instances of medical and surgical procedure overseas that wouldn't have been tolerated at home. But I had also observed over a long period of time that brilliant and careful work which was responsible for the low mortality rate of World War II wounded. I had seen some nurses crack up under the strain of too strenuous and too long a tour of duty overseas. But I had also observed many of the professional bobby-soxers develop into mature, conscientious, skilled workers. Nurses learned speed and ingenuity in surgery and on the wards. They saw hundreds of examples of complicated conditions which they might view only once in several years of civilian practice. They watched the effects of application of new drugs and new techniques, heard lectures on them, studied the official reports on research done within their own units. They knew more about penicillin, streptomycin, and the sulfas—even though they held only routine staff nursing jobs—than the above-average civilian nurse, and a couple of years before her. They knew why the Army was against too-early wound closure because they themselves had dressed wounds sutured early and late, and they knew that the rate of infection was high among the early closures.

The Texas City disaster is our first domestic event dramatic enough to focus attention on one of the facts civilian employers in all kinds of fields of interest have been slow to accept: Military service was a decided advantage.

Most significant to me was the fact that a joint medical board, on

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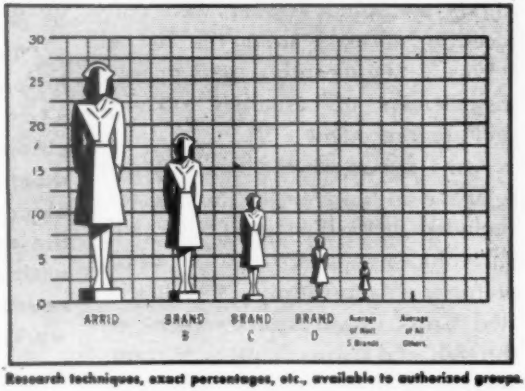

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which civilians and military participated, issued an official report on the management and outcome of the medical aspects of the disaster. Said the report:

"Four days after the catastrophe in Texas City the majority of patients were convalescent. It is important to recognize certain factors responsible for their splendid medical accomplishment. In the first place, the pattern of injury duplicated experiences in the recent war. Secondly, many of the attending physicians, nurses, and rescue workers were only recently released from the armed services. Significantly, the effective management of casualties followed military precedent . . . "

Army nurses were among the first to arrive on the scene of the disaster. Included in the first groups of civilian volunteers to arrive were scores of former Army nurses. And of the Red Cross disaster nurses recruited through Red Cross chapters, the proportion of nurse veterans was high. Everyone in Galveston and vicinity, where disaster victims were cared for, agreed that the performance of these women was remarkable.

At John Sealy Hospital, the University of Texas School of Medicine and Nursing, where a great many critically injured were hospitalized, the staff was particularly impressed by the performance of nurses with military experience. The comments of Dr. Truman Blocker, of the hospital faculty, are typical of what hospital personnel thought of the efficiency of military-trained nurses. I want to print them in bold-face type so that lots of hospital administrators and administrative nurses will notice them:

"There wasn't a moment's confusion. Those nurses knew exactly what to do and they took over as efficiently as if we had trained them ourselves. They worked right along with our own men, almost in the same rhythm. They seemed to anticipate everything our surgeons needed, even though they hadn't worked with us before."

Whether or not there will be any universal recognition of Army qualified personnel as a result of the Texas City disaster, may very well depend on the amount of publicity

given them by civilian hospital staffs who saw them in action at a time when their help was desperately needed and who, in appreciation, openly expressed their profound admiration of the work accomplished by these volunteers.

Some purely medical facts which the Army has been talking about for a long time have certainly been verified: whole blood is more effective than plasma; wounds should be left open until all possibility of infection has passed; penicillin in massive doses (as much as 100,000 units an hour) is adequate against infection without use of sulfa; quantitative use of morphine is neither necessary nor advisable.

Some other Army policies were successfully demonstrated at Texas City too: Improvisation and ingenuity are the fundamentals of success in any emergency. Isolation technique can be maintained under field conditions—but is much more difficult in a civilian hospital ward where the staff differs as to method.

Certainly, every event in the Texas City medical program points to the fact that a basic plan of organization, adapted to the needs and facilities of individual hospitals, is essential to the success of any emergency program. It is not so certain that civilian hospitals will recognize that the efficient Army-experienced personnel operating under Army methods were in large measure responsible for the success of the program itself. It is also not certain that if the value of some medical and surgical procedures, which have been developed by the Army, are recognized as practical (emergency or normal conditions notwithstanding), that a proportionate amount of prestige will revert to Army-prepared and experienced nurses. But we can hope.

Nowadays the Army offers excellent courses in a number of nursing specialties. In some ways its educational program is way ahead of some of the nursing education available on a civilian level. I don't mean to let my enthusiasm for Army exaggerate the facts. But I do want to point out that many hospital employers have overlooked even the basic assets that Army nurses have to offer them.

Many nurses went out of nursing completely after the war largely be-

cause of rebuffs from civilian employers when they applied for jobs after separation from the service. A few of those are beginning to turn up in Army installations again, but many of them are lost to the profession forever. Maybe if we can have a few concrete examples of the capacity of Army and former Army nurses to rise to almost any hospital need, we can get some decent status for them in terms of intelligent assignment, authority, and salary. But let's hope that we won't have to count on local disasters or national emergencies to open the eyes of those in a position to give credit where it is due.

WORLD WAR I AND II NURSES: You are invited to join the Lydia Whiteside All Nurse Post #319, American Legion. We are striving for a 200% goal this year. The meetings are held on the second Friday of each month from September through June at the Fifth District Club Room, 603 Second Avenue South. Please contact the membership chairman, Sophia Lovstad, 514 Logan Ave. North, Minneapolis, Minn.

Aerosols

[*Continued from page* 40]

striction which causes asthmatic symptoms. To prevent drying of the throat and decrease possible irritation, the doctors added glycerin to the epinephrine mixture.

Dr. L. A. Chambers reported excellent results in severe infections of the lungs with an aerosol of sulfathiazole. Lt. Commander A. P. Krueger devised a mist of blood serum from patients who had recovered from influenza and he tested it on animals for its ability to develop immunity. This method is still undergoing tests to determine whether or not it may be possible to build up resistance to germs and viruses, especially in such closed spaces as the lungs.

Last year, Drs. V. Bryson, E. Sansome, and S. Laskin reported that they had developed a penicillin aerosol for pneumonia patients who had pus in the lungs. They found that penicillin was active even in the presence of pus while the sulfa drugs do not act in the presence of pus or when the body is well provided with

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para-aminobenzoic acid (PABA). Penicillin remains active even when PABA is present in large amounts.

Further work resulted in development of a special nebulizer for penicillin mists, one which decreased the amount of the drug that had been used previously. Examinations before and after such treatments showed that most of the patients responded well, but there is occasional danger of allergic reactions to penicillin, especially in sufferers from asthma which is itself an allergic manifestation.

When penicillin inhalations were given to patients, pneumococcus, streptococcus viridans, and streptococcus hemolyticus were destroyed in the sputum, although *B. coli, B. proteus,* and *B. aerogenes* were not killed. Some patients with lung abscesses of long duration, and a history of high unitage injections of penicillin without results, made remarkable recoveries after use of the aerosol.

Aerosols of promin have been used on test animals in the fight against tuberculosis, a highly resistant bacteria. But promin is harmful to man, and so research must continue before any definite statements can be made in this field.

A special closed chamber has been devised to immobilize the lungs and at the same time allow introduction of an aerosol. While breathing continues the lungs are at complete rest so that healing of the areas can continue. Again, some of the reports have been amazing, but time and more controlled work will be necessary before the aerosols can be termed a cure or an arresting agent for tuberculosis.

Streptomycin has also been used in aerosols, and trials at the Mayo Clinic hint that in tuberculosis it may be more successful than promin. A combination of penicillin and streptomycin has been employed because each drug complements, killing off different groups of bacteria.

As new antibiotics are discovered, aerosol therapy will undoubtedly employ them. The procedures are still new, and complex difficulties in handling the drugs remain unsolved. However, the chemical war on disease will continue to progress and new startling results appear certain.

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News

[*Continued from page* 41]

meetings. The fifth body, the Practical Nurses Association, has its meeting after **R.N.** goes to press. After a year's trial, results will be reviewed at the 1948 annual meetings and a decision made regarding the continuance of the plan.

Whatever the result, the Michigan experiment will be of inestimable value to the profession and, doubtlessly, many eyes will keep this state's project in sharp focus.

Tell-tale Statistics

TWENTY-TWO THOUSAND nurses who responded to a nation-wide survey threw some light on the mystery of the vanishing nurse. The study, made by the Bureau of Labor Statistics in cooperation with the National Nursing Council and the Women's Bureau of the U.S. Department of Labor, showed that the majority of nurses who leave the profession do so for reasons of matrimony. Of the number of nurses who have maintained their registration, only one in ten is employed, or seeking employment, outside of nursing.

Nurses generally are satisfied with their work, but certain problems concerning nursing practices and economic insecurity are creating definite dissatisfaction in many quarters. Lack of provision for retirement and security against unemployment, inadequate rates of pay, and insufficient opportunities for promotion and pay increases are leading reasons for nurses' malcontent.

In a representative month of 1946, the average nurse worked 190 hours and received $170 to $175 if she lived outside the hospital. The average was $40 for a 44-hour week. Staff nurses, who provided their own living quarters, earned $172 a month plus one meal a day. Only one in five staff nurses lived at the hospital. She received an average of $160 for the month. On the other hand, industrial nurses, who provided their own living quarters, averaged $196 a month.

The Pacific Coast leads the nation with the highest monthly pay and somewhat shorter hours, whereas the New England States reported the lowest monthly earnings.

One out of four staff nurses was required to work overtime for which, in most cases, there was no extra pay. About the same proportion worked split shifts.

The staff nurses noted that a fourth of their time was spent on work that could be delegated to less trained personnel.

Sick leave and paid vacations appeared adequate; however, few nurses receive free hospitalization or medical care, and only a small number are covered by retirement pension plans.

In drawing a conclusion from the study, Ewan Clague, Commissioner of Labor Statistics, said: "The present nursing shortage is apparently due primarily to increased demands for nursing service at a time when many married nurses are leaving their profession, and many potential nursing students find other fields of employment more attractive."

Keep the Door Open

[*Continued from page* 35]

bones of contention in the skeleton of the organizational structure is the proposed academy. The Rich Associates state that it was planned to give prestige to the profession. The educators hail it as a means of recognizing achievement and as a goal toward which the individual nurse would be stimulated to work. Many non-degree nurses feel that it would create a hierarchy within the ranks of nursing. Actually, the academy is not an integral part of the structure and could be eliminated entirely. It does, however, present advantages in supplying an incentive to the nurse of the future which nurses would do well to weigh carefully before eliminating provision for the academy altogether.

R.N.'s are worried about the cost of one overall organization. Those now paying only ANA dues fear that an added burden will fall upon them. Actually, if a new organization were financed on the basis of the present ANA per capita levy of $3, and if there were only as many members at its inception as there are in the ANA today, there would be well over a half a million dollars upon which to plan a budget. The sum that a district would need to operate, and the amount that each state would ask of a district member, would have to be decided by the district and the state organizations just as at the present time.

There are many minor points in the structure study with which you

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may not agree, and perhaps a few major ones. The essential factor in forming an opinion is whether or not your individual differences with the plan can be modified to make it acceptable to you without changing the basic structure.

Structural changes would upset the balance upon which the proposed organization depends for its successful operation. Therefore, basic structure cannot be changed successfully without making a new plan.

If you are one of the R.N.'s interested in achieving one organization for the nursing profession, you or your delegate should go to Chicago predisposed to find points of agreement with other groups. Agreements will serve as a basis upon which to build a mutually satisfactory organization.

Should delegates resolve to put off discussion on points of disagreement until they have amassed all points of agreement, they might well find themselves in possession of enough unity of thought to form the foundation for constructive planning. However, if they allow the ranks to be split asunder by differences before reaching any agreement, three years of work and $30,000 will have been thrown away. The nursing profession will not only be back where it started in 1944 when the House of Delegates authorized the ANA board to explore the possibilities for one organization, but schisms will have been created within the ranks of nursing which may never be healed.

If every delegate goes to Chicago

resolved to put points of disagreement aside by "tabling" until mutual points of agreement have been found, there will be something upon which to build. With a firm foundation of good will, differences can then be "taken from the table" to see if, by discussion and compromise, a mutually satisfactory solution can be found. This may not be accomplished in one day or in one meeting, but the door should not be shut against professional unity.

Mrs. Cantor

[*Continued from page* 31]

those not yet allowed to enter, the 20,000 waiting in Cyprus, a mobile xray unit has been sent to the island to determine the incidence of tuberculosis. "We treat them as if they are on the doorstep of Palestine," Mrs. Cantor says.

To prepare for the care of these great numbers having tuberculosis, a disease previously unknown in Palestine, a new wing is being added to the hospital, part of the overall expansion of the hospital facilities.

The nursing school, that hopes in time to have a student body of 155, normally has had groups of 50 to 100 students. This year the ranks were swelled to 110 students, and 12 countries were represented in the class that began last September.

There are three government nurses training centers in Palestine—Jerusalem, Haifa, and Jaffa. The nursing training courses are three years in

duration with the first year examinations held in the training centers and the second and third year final examinations held only in the main center in Jerusalem.

Competition is stiff and requirements high for entrance to the Henrietta Szold School of Nursing. The candidates are chosen from those having high school education and good physical health. They must be between 18 and 25 years of age. While the regular student nurses must pay tuition, Mrs. Cantor explains that a scholarship system has been set up to give full maintenance to the refugee candidates. Not only tuition, but clothes, and spending money is given anonymously.

The emphasis for all the medical services has always been on prevention and public health. This is carried over into the nurses' training and the graduates may take further courses in public health and midwifery, if they wish to specialize.

In all, 450 nurses have been graduated from the school and all but 70 of these have remained in active nursing. This amazingly high number has been made possible by the policy followed that allows married nurses to work. The student nurses are the only ones who live at the hospital. The graduate nurses live in their own homes and pursue normal lives. Most of them have families. For those with children of pre-school age, Hadassah provides a day nursery. Private duty nursing is not popular in Palestine and as a rule, most nurses who engage in this branch of nursing are practical nurses.

In times of emergency when an extra nurse is needed, the procedure is necessarily different than it is in the United States where more adequate phone facilities exist. Their few employment nurse registries are conducted by a runner system—someone goes from house to house until a nurse can be found to fill in. "Then," Mrs. Cantor chuckles, "we often have to go scurrying about finding a baby-sitter to release the mother so that she can come to the hospital."

Many of the nursing reforms in Palestine have foreshadowed trends in other countries. Hadassah nurses, for instance, have had an eight hour working day since 1926. Only in wages are the Palestinian nurses be-

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New methods of procedure—including introduction of Mennen Antiseptic Baby Oil technique—dropped the incidence of impetigo cases among newborn babies in three major hospitals from 7.8% to 0.47%.

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hind their nursing sisters in other parts of the world. "Wages are still too low," Mrs. Cantor admits, "but serious efforts are being made to raise them. It is difficult to regulate pay in a country with such a fluctuating economy."

Nursing in Palestine has come a long way since the time when Mrs. Cantor was the only nurse who could teach in Hebrew. Today all the courses are given in Hebrew, and all of the nurses in the hospital, except two, are Hadassah nurses graduated from the Henrietta Szold school. Mrs. Cantor, of course, is one of the two exceptions, having had her training first in Beruit and later at Columbia University in New York City when she took a leave of absence in the middle '30s.

As per policy, all who go to the Hadassah Hospital are treated on an equal plane. "No distinction is made between prince and pauper," Mrs. Cantor proudly explains. "There is no such thing as private patients. Everyone is cared for in semi-private rooms or wards"—and both princes and paupers do come to this famous hospital that offers, among other things, a fine clinic for radium treatments. Patients come from all over the Mediterranean area. Mrs. Cantor has endless stories about the more famous ones who have come for treatment—the Queen Mother of Ethiopia, Arabian princes, King Faruk's mother, King Peter of Greece. She tells of Princess Helena who was modest in her demands, wouldn't accept flowers, and who passed her recuperative time doing delicate

needlework. She speaks of the Abyssinian governor and his wife with whom she "took a cup of tea" as a good will gesture. She recounts the story of the East Indian princess who had never before slept in a bed and was fearful of anything higher than the floor. They accustomed her to western sleeping habits by adding one more mattress on the floor each night until the height of the bed had been reached.

Mrs. Cantor is justly proud of her Hadassah nurses. They are helping to build a better way of life in a country in which they hope to make a national homeland for a people who have been losing their identity for centuries through ignorance and oppression. She is especially happy when she considers the change that takes place in her refugee student nurses. Those who have spent hungry years behind barbed wire are distrustful at first and hoard food beneath the mattresses on their beds. "In six months," Mrs. Cantor says, "they are healthy, normal girls completely assimilated into our group."

Mrs. Cantor has been in the United States since April, and won't return to Palestine until the fall when she has seen seven of her fledgling nurses safely installed in graduate courses at New York's Columbia University. She came earlier as a member of the International Council of Nurses, so as to represent Palestine at the Atlantic City convention. Her seven Palestinian nurses will arrive sometime in the summer to start courses which will prepare them for

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leadership in administration, organization, and supervision.

For these R.N.s and others to follow, Palestine and Palestinian nursing will be the more dignified because of pioneers, like this little gray-haired woman, who in one generation has seen such an overwhelming tangible result of her efforts.

Health Bill Hearings

[*Continued from page* 27]

achieved in the first few years . . . nor should we expect tremendous numbers to enroll in health insurance plans until educational campaigns have had an opportunity to persuade them . . . Are we not still free men capable of deciding for ourselves without the intervention of an all-wise government?"

The American Hospital Association, through its president, John H. Hayes, told the subcommittee that the Taft bill would help make health services available in areas which do not have them. The Hill-Burton act will assist states in building hospitals, he said, and the Taft bill would help maintain and operate them in areas of greatest need.

Dr. Charles G. Hayden, medical director of Massachusetts Medical Service, gave the subcommittee an example of how the Taft program might work out. Massachusetts, he said, would receive an annual Federal grant of about 5 million, which it would match. With the $10 million thus available, said Dr. Hayden, the state could enroll about 200,000 needy persons in medical and hos-

pital plans. It has long been realized that there is a population segment that cannot be reached directly, and it is felt that some form of government action—such as that proposed in the Taft bill—is vitally necessary.

There was other favorable testimony from the American Dental Association, Associated Medical Care Plans (the coordinating body sponsored by the AMA), and various state societies. Informal comments from the NOPHN recommended amendment of the bill to specify the inclusion of nursing service and professional representation of nurses on the planning and advisory committees.

As **R.N.** went to press, hearings were continuing. Still to be heard from were witnesses representing the Federal Security Agency, the Public Health Service, the CIO, and the AF of L, and other groups prominent in promoting compulsory sickness insurance.

The subcommittee will eventually report its findings to the full Committee on Labor and Public Welfare, of which Senator Taft is chairman. That committee will decide whether to report the Taft bill, the Wagner bill, or neither, to the floor of the Senate. That decision will probably not be made until next Fall.

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Letters to a Fledgling

[*Continued from page* 24]

seen an autocratic head nurse pitiably humiliate and embarrass an inexperienced young intern by an exhibition of authority. Also, nurses can be impudent and imply a good deal with merely a look or gesture. A pinch of power goes alike to the heads of some people whether they wear head mirrors or little white caps. As they are adult heads with behavior patterns fairly well fixed, there isn't too much that can be done about them fundamentally. However, a fair minded superintendent—and you remember a superintendent started this—can do much. He can make his office a court of appeals to which a nurse can come unafraid and expect a courteous hearing. It has been the assumed attitude in too many administrative offices that, in case of conflict, the doctor is always right! He, like the king or the customer, can do no wrong! You and I know better. But, in far too many institutions, nurses have the conviction born of experience that the administration will not listen to them, much less support them, if they wish to complain about a doctor's conduct.

Economics enter into this. Time was when nurses were a dime a dozen. Young and hopeful girls came in numbers to training schools "all eager for the treat" like the oysters in Alice in Wonderland. Easy to replace, they were considered unimportant. The doctors, on the other hand, brought in the cash customers. That was one reason for the prima donna complexes among some practitioners. Then, too, there was the tradition—perhaps started by the Red Pepper Burns series—that a surgeon should be temperamental. Maybe some of them really thought they were expected to put on an act in surgery. This is airy speculation, but perhaps the fire started then. Perhaps careless nurses cast on fuel.

Today, with the well publicized shortage of nurses, we stand in a better position to put the fire out. Negatively, young women are snubbing boorish doctors by by-passing the

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profession. Positively, R.N.'s can take a firm stand together and demand the cooperation of the administrative office. They can insist that the superintendent instill the attitude in doctors that all nurses are not dedicated doormats. If there are "incidents," they must secure an impartial hearing for both sides.

Your father puffed thoughtfully at his pipe and spoke long after I thought I had brilliantly switched the subject. "Well, that's life," he said. "You get it in business that way. There's always one character in every office who is always taking the joy out of living. It was that way in the Army. Always one officer in every outfit . . ." He puffed away, his kind eyes growing steely at memories of the old war. Not the dirt and danger, but the petty humiliations against which a private is as defenseless as a nurse in training. "I'd hope my daughter could take it on the chin like a good sport, but if any supercilious squirt pushed her around when she was doing the best she knew how, I'd . . !" He didn't say what, but I've a notion your father would aid and abet me with that bed-crank! Or, at least, go my bail!

Your mother fluttered in from the kitchen where I thought she was safely out of hearing. "I hope no one will be really rude to her," she murmured. "She's sensitive, like me. Then again, she's like her father—she might answer back!"

I think you know better than to answer back. You may have heard graduates do it and apparently get away with it. But, I protest, my dear,

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your best defense is an unvarying habit of professional courtesy. Even to the point of seeming a bit stiff and formal, it's better to keep a strict, serene guard on your tongue. Cover a boiling interior with a mantle of cool, impeccable courtesy when on duty. Outside of the fact that you choose courtesy as a way of life, wear it as the chameleon does his colors, for protective purposes. It will serve you well. Doctors may deride you but they can't criticize you. To all but the utterly impossible, courtesy is extremely disarming. So put it on like chain mail beneath your uniform and if you ever rise to an administrative position when you are a graduate, remember your training days and use your authority with courtesy. It will repay abundant returns in loyalty from your nurses.

Your ever-loving Aunt.

[*Training days are sometimes delightful, and often a seriously grim period in an R.N.'s experience. All new probies find the path of orientation fraught with unexpected pitfalls, mercifully mixed with humor. Marion Wefer, a Philadelphia R.N., has managed to capture the essence and spirit of training days in a series of letters to her student nurse niece. The situations she describes are timeless, and both student and graduate will recognize them as a part of her life. The author's easy, friendly style of writing affords more than the usual number of chuckles. We know you'll find these letters, to be run intermittently in subsequent issues of* R.N., *engagingly reminiscent.*—THE EDITORS]

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*ADMINISTRATOR: East. Modern 150 bed general hospital serving community of 50,000; $4000, maintenance. (Placement bureau charges $2 registration fee.) Box RN7-1.

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ANESTHETIST-XRAY TECHNICIAN: Florida. For small private hospital about 25 miles from Miami. Salary open. Apply: Dade County Hospital, Miami 33, Fla.

ASSISTANT DIRECTOR OF NURSING: Maryland. Degree required; administrative experience preferred, salary open. Also Science Instructor, Obstetrical Head Nurse, Staff Nurses. Conveniently located hospital of 270-bed capacity, 90 students. Apply: Director of Nurses, Franklin Square Hospital, Baltimore 23, Md.

ASSISTANT INSTRUCTOR, NURSING ARTS: California. Degree required; $250. Also Head Nurse, Medical and Surgical, with degree and preparation in supervision; $245. All positions on 5-day, 40-hour week. Vacation, sick leave, Social Security and unemployment program. Apply: Director of Nursing, French Hospital, 4131 Geary Blvd., San Francisco 18, Calif.

*COLLEGE NURSE: New England. Women's college, 1947-48 session. Personal interview will be arranged in Boston or New York City; $1400, maintenance. (Placement bureau charges $2 registration fee.) Box C-102.

*DIRECTOR OF NURSES: Texas. General hospital of 335 beds with nursing school; city of 175,000; $4200, maintenance. (Placement bureau charges $2 registration fee.) Box C-103.

DIRECTOR OF NURSING EDUCATION: Pennsylvania. Also Instructor to work with Director. Positions open Sept. 1, 1947. Attractive salary and full maintenance in 185-bed hospital. Apply: Box W6-47.

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*EDUCATIONAL DIRECTOR: Southeast. University hospital, approx. 300 students; $250, maintenance. (Placement bureau charges $2 registration fee.) Box RN7-9.

GENERAL DUTY NURSES: New York. Straight 8-hour shifts, 40-hour week; $200, live in or out. Increases every six months. Apply: Director of Nurses, Wyckoff Heights Hospital, Brooklyn 27, N. Y.

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GENERAL DUTY NURSES: Idaho. Two needed for 22-bed county hospital; $150, full maintenance. Apply: Supt. of Nurses, Oneida Hospital, Malad, Idaho.

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***INSTRUCTOR, CLINICAL:** West. General hospital of 200 beds; degree preferred; $230, one meal. (Placement bureau charges $2 registration fee.) Shay Medical Agency, 55 E. Washington St., Chicago, Ill.

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OFFICE NURSE: California. To assist in surgery and clinics as well as nursing office; 250-bed TB hospital; 40-hour week. Must live in. Apply: Supt. of Nurses, 1500 East Duarte Road, Duarte, Calif.

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***STAFF NURSES:** Hawaii. Several; psychiatric department, one of leading hospitals; $230, maintenance; if nurse has had minimum two years' psychiatric training, $262.50 and maintenance. (Placement bureau charges $2 registration fee.) Box RN7-15.

***SUPERINTENDENT:** Southern Alaska. Community hospital of 20 beds in popular tourist location, site of extensive fisheries; $2400, maintenance. (Placement bureau charges $2 registration fee.) Box C-106.

***SUPERINTENDENT OF NURSES:** Southern California. Fairly large hospital; degree, considerable experience required; minimum $250. (Placement bureau charges $2 registration fee.) Box RN7-17.

SUPERVISING NURSE: New York. Also operating room and clinical nurse. Small private hospital of 35 beds. Full maintenance, vacation. Salary in line with qualifications. Apply: Doctor King's Hospital, Bay Shore, Long Island, N.Y.

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SUPERVISORS: Wyoming. Fully approved 140-bed general hospital; $215, plus laundry. Maintenance at cost. Vacation and sick leave; all or any portion not used paid for at end of year. Vacancies in pediatric and orthopedic department as well as medical-surgical. Apply: Memorial Hospital of Natrona County, Casper, Wyo.

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***SUPERVISOR, OBSTETRICAL:** Hawaii. Department consists of three delivery rooms, 78 beds including 40 nursery beds; minimum $240, transportation paid. (Placement bureau charges $2 registration fee.) Box RN7-20.

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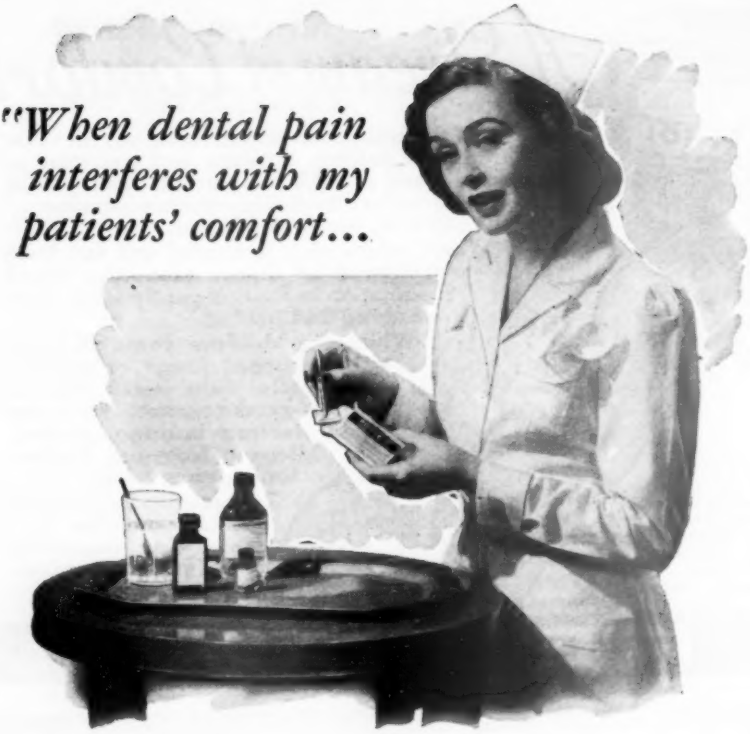

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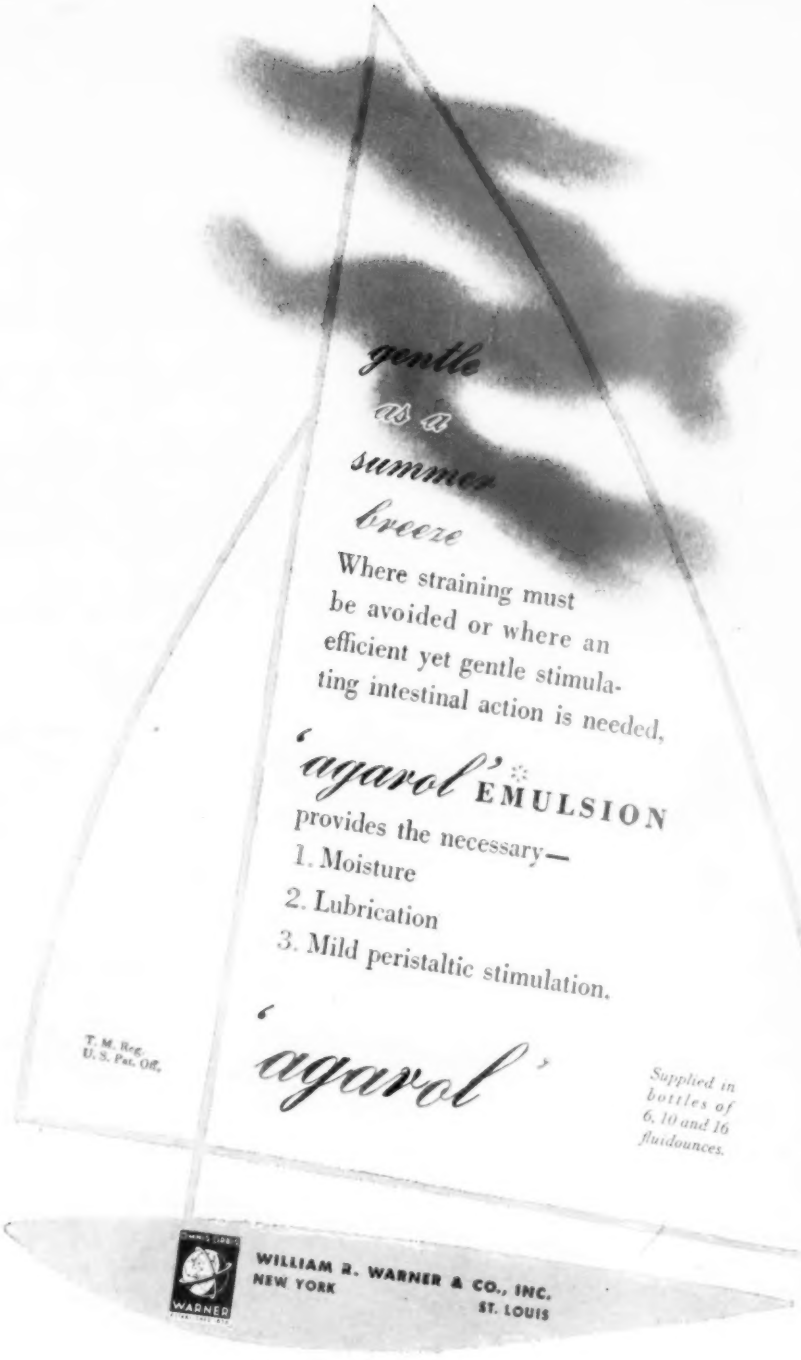
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